Washington State Department of Social & Health Services

Dennis Braddock, Secretary

2001-03 DSHS Budget Brief

GOVERNOR'S PROPOSED

Transitioning State Hospital Patients

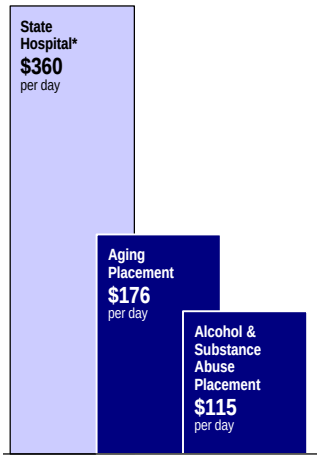
UPDATED January 30, 2001

"If we place people in institutions that don't meet their needs, we haven't done our job. We need to assess each patient and place them in a setting best suited for their condition."

Dennis Braddock
DSHS Secretary

To protect privacy, actual client photos are not used in this document.

State Hospital vs. Community Costs
Fiscal Year 2000



*Excludes capital costs.

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SHE IS 58 YEARS old, has a long-term mental illness, and has spent the last several months in the geriatric medical unit at Western State Hospital. She has a long history of heavy drinking that impedes her ability to manage the symptoms of her mental illness.

HE IS 28 YEARS OLD and sustained a severe head injury in a motor vehicle accident three years ago. Because of his head injury, he is confused, combative, and impulsive. He has been in Western State Hospital for the past year.

HE IS 78 YEARS OLD, has advanced dementia, and needs assistance dressing and eating. He is confused and easily agitated by noise and changes in his surroundings. He was admitted to Western State hospital a year ago after he struck out at his caregiver who was trying to help him get dressed.

People like these are residing in Western and Eastern State hospitals today. One needs substance abuse treatment, another needs specialized care for traumatic brain injury, and another needs constant supervision in a quiet environment. Many would make better progress in a setting other than a psychiatric hospital.

These profiles have been reconstructed for confidentiality, but are all based on "typical" case history information described in DSHS' client database.

DSHS Intends to Meet the Needs of These People in the Community

The Mental Health Division, Aging and Adult Services Administration, and the Division of Alcohol and Substance Abuse are working together to provide assessments and will be developing care plans to transition people like these into current and newly developed community-based care settings. The Governor's proposed budget provides the funding necessary for this transition.

Preparing for the Transition

DSHS is currently assessing patients to determine appropriate treatment. A policy team chaired by the Deputy Secretary is overseeing the transition planning. Alternative options for state hospital patients may include:

- Placement in a community-based facility designed to serve clients with challenging behaviors.
- Relocation to a residential mental health facility or a treatment facility for substance abusing persons who are also – but not acutely – mentally ill.
- Case management services to assist with housing, medical care, legal, mental health interventions, and employment needs.

State Hospital Bed and Dollar Adjustments

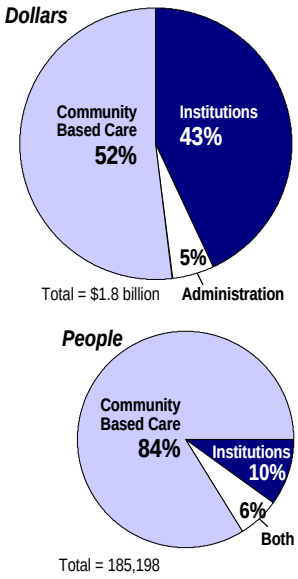
PROPOSED BED REDUCTIONS

	Current Funding Level	Proposed Level	Reduction	Reduction
Western State Hospital (Steilacoom)	1,048	731	(317)	30%
Eastern State Hospital (Medical Lake)	303	273	(30)	10%
TOTAL BEDS	**1,351**	**1,004**	**(347)**	**26%**

DOLLAR ADJUSTMENTS (IN MILLIONS, ALL FUNDS)

	DASA	AASA	MHD	TOTAL
Increases	$6.4	$15.6	$0	$22.0
Decreases	0	0	(34.8)	($34.8)
TOTAL DOLLARS	**$6.4**	**$15.6**	**($34.8)**	**($12.8)**

Institution vs. Community Based Comparisons
FY 1999 (MHD, DDD, AASA combined)



Who Benefits from this Proposal?

People now residing at State Hospitals who will benefit from this change include:

- Persons with Alzheimer's Disease and other types of dementia who will be closer to their families while receiving care that is specialized for their needs.
- Patients that have experienced Traumatic Brain Injury who will also be closer to home while they receive skill training to regain some of what they have lost.
- Those with substance abuse and dependence issues who need treatment and follow up services to live successfully in their own communities.
- Individuals with stabilized symptoms of mental illness who need support to re-integrate into their communities after the trauma of an acute episode of their illness.

Our State Hospitals Will Continue to Do What They Do Best

- Provide inpatient psychiatric services for people with acute needs.
- Provide assessment and treatment for people committed under chapter 71.05 RCW – the Involuntary Treatment Act.
- Provide forensic services for people committed under chapter 10.77 RCW – the state's Criminal Commitment Statute.

CASE STUDY

The Virgina Experience

BEGINNING IN MARCH 1998, the state of Virginia initiated several "discharge projects" aimed at moving patients from state psychiatric hospitals into community settings. The efforts were part of a larger cost-containment strategy, which involved 129 patients, all of whom resided fulltime in state mental institutions and were subsequently moved into alternative facilities or home settings.

OUTCOMES: A review of the programs conducted September 1999 reported the following outcomes:

- A wide variety of community placement plans, all highly individualized, with most moving into adult care residences or supervised settings (40 percent), or back into a family home or their own residence (20 percent).
- No homicides or suicides among those discharged as a result of these projects.
- Two deaths, both among elderly, frail individuals who, despite their medical condition made personal decisions to return to the community. Both died of natural causes.
- One incident involving law enforcement, resulting in confinement to a jail setting (*Washington proposes moving only those patients who are not considered a danger to the community. All will receive individualized treatment plans as they move to alternate settings.*)
- After one year, all remained in stable living arrangements with none "lost" to homelessness.

FINDINGS: The discharge efforts were deemed highly successful, resulting in cost savings to the state, improved staff-to-patient ratios, and an improved quality of life for those relocated from psychiatric facilities.

SOURCE: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, *Follow-up of Consumers Discharged from Western and Central State Hospitals Through September 1, 1999 as a Result of Funded Discharge Projects*, www.dmhmrsas.state.va.us/ORE/RecensusMgmt.htm.

NOTE: Outgoing Virginia Governor Jim Gilmore, prior to leaving office, recommended closing or relocating the services of four of Virginia's major institutions. While the success rate of Virginia's transition efforts was cited in the press as the basis for his proposal, it is not a factor in the findings cited above. The press has characterized Governor Gilmore's proposal as a final recommendation of an outgoing administration to fulfill a promise to overhaul Virginia's antiquated state hospital system. Washington's proposal does not recommend transitioning patients deemed a danger to the community, or those in need active psychiatric treatment. It is recommended that patients whose primary diagnosis is a mental health condition, and those who may be a danger to the community continue to reside at the State Hospitals under the treatment provisions for which the hospitals were originally intended.

Back to Priorities for Western and Eastern State Hospitals

Historically, the state's two psychiatric hospitals, Western and Eastern State, have served as the placement of last resort for persons who are mentally ill or in need of a safe care setting for other reasons. Over the years, state psychiatric hospital patients who might be better served in alternative settings have remained at the state hospital due to a lack of available alternatives in their home communities.

The Governor's proposed budget seeks to address this problem by transferring funds from the Mental Health Division's institutional budget to its community budget for Regional Support Networks. Funds are also provided to the Division of Alcohol and Substance Abuse and the Aging and Adult Services Administration. Savings are associated with this plan because community based care is, generally, less expensive than institutional care.

Washington State Hospital Legislative Intent

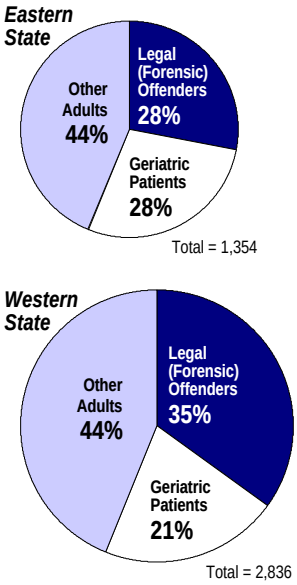
To prevent inappropriate, indefinite commitment of mentally disordered persons and to eliminate legal disabilities that arise from such commitment.

– RCW 71.05.010(1)

To encourage, whenever appropriate, that services be provided within the community.

– RCW 71.05.010(6)

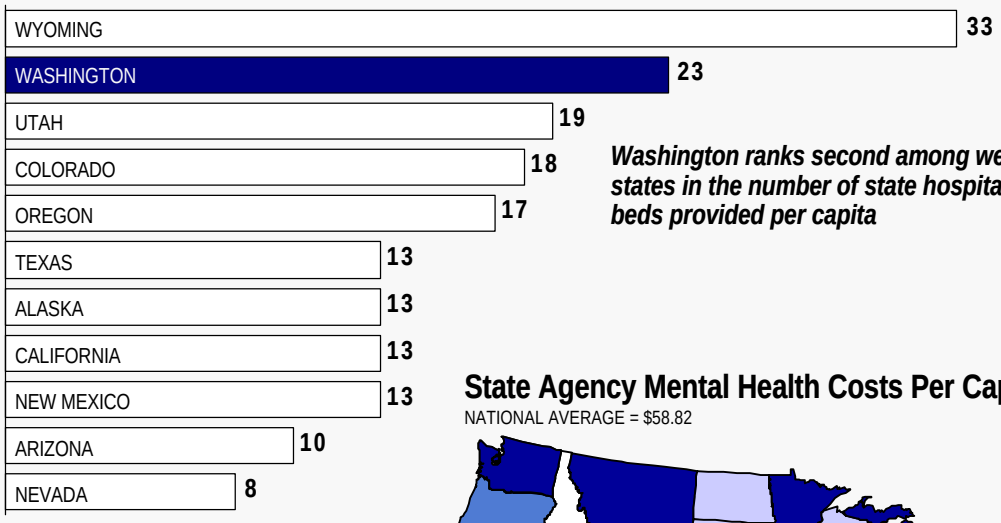
Civil vs. Legal Commitments
FY 2000



NATIONAL COMPARISON

Washington's State Hospital Bed Utilization Rates are Higher Than Most States

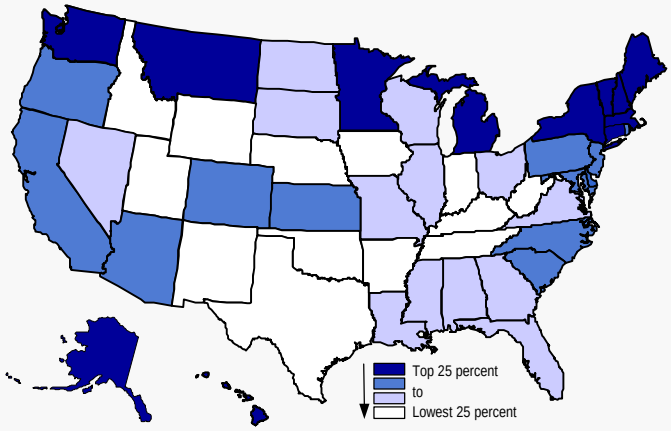
State Hospital Beds per 100,000 Population, 1999
WESTERN UNITED STATES



SOURCE: National Association of State Mental Health Program Directors, State Profiling System, and 1998 U.S. census data.

Washington ranks second among western states in the number of state hospital beds provided per capita

State Agency Mental Health Costs Per Capita, 1997
NATIONAL AVERAGE = $58.82



SOURCE: The Center for Mental Health Services, Mental Health Services Locator (web), 2001.

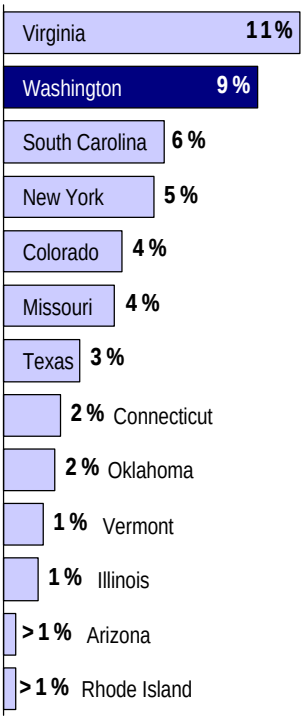
Washington is among the top 25 percent of the nation for mental health dollars spent per capita

Costs per Capita

New York	$112.57
Connecticut	99.14
New Hampshire	99.02
Montana	93.49
Vermont	92.38
Massachusetts	90.19
Maine	88.29
Michigan	87.30
Minnesota	86.91
Hawaii	84.89
Alaska	79.12
WASHINGTON	**78.74**
Maryland	76.00
Delaware	73.14
New Jersey	69.11
Arizona	68.48
Oregon	68.13
Pennsylvania	67.52
South Carolina	64.04
Rhode Island	62.99
North Carolina	62.35
Kansas	58.72
California	58.10
Colorado	56.71
Missouri	56.38
Mississippi	56.12
South Dakota	54.39
Ohio	51.76
Illinois	51.47
Virginia	48.98
North Dakota	47.68
Alabama	47.47
Georgia	47.00
Nevada	44.60
Wisconsin	43.81
Florida	43.80
Louisiana	43.38
Wyoming	43.06
Oklahoma	40.53
Indiana	39.63
Nebraska	38.79
Texas	36.40
Kentucky	35.32
New Mexico	31.35
Arkansas	29.90
Idaho	29.20
Iowa	28.93
Utah	27.81
West Virginia	23.02
Tennessee	22.91

About 147 patients discharged from Western State Hospital in FY 1999 had substance abuse related discharge diagnoses with no co-occuring mental health diagnoses.

Senior Citizens in State Hospitals: A State Comparison
Percent per 100,000 Population Age 65 and Over, **FY 1999**



Persons with disabilities or special needs may call the Budget Information Line at **360.902.8255** and request a hard copy.

This paper is available Electronically at: www.wa.gov/dshs/budget

DSHS' Long Term Strategy to Better Serve Clients and Save Dollars

Ten Years of Community Placement Efforts

1991-93 Biennium

Mental Health Division

- **Expand Community Capacity**
  Provided funding to increase community mental health capacity in services that reduced the population of the state hospitals. *Total = $17.6 million, All GF-S*
- **Downsize Mental Health Institutions**
  Reduced funding in the state's institutions. Made possible by the provisions of additional community based services. *Total = $2.8 million reduction, All GF-S*

Division of Developmental Disabilities

- **Clients in State Hospitals**
  Provided specialized community-based services to developmentally disabled clients residing in a state hospital or who were at risk of being placed in a state hospital. *Total = $6.8 million ($3.2 million GF-S, $3.7 million Other Funds)*
- **Caseworkers**
  Provided funding for additional caseworkers required to assist clients in making the transition from state institutions to community-based residential services. *Total = $2.4 million ($1.8 million GF-S, $600,000 Other Funds)*
- **Emergency Residential**
  Provided funding for community-based residential services for individuals who would have been admitted to a Residential Habilitation Center. *Total = $1.6 million ($800,000 GF-S, $800,000 Other Funds)*

Adult & Aging Services Administration

- **Assisted Living**
  Provided an increase for the Assisted Living Program, an alternative to nursing home placement. *Total = $3.2 million ($1.5 million GF-S, $1.7 million Other Funds)*

1993-95 Biennium

Mental Health Division

- **Western Census Reduction**
  Provided funding for Western Washington Regional Support Networks to increase efforts that reduce admissions to and lengths-of-stay in hospital acute care wards, for a 50-person reduction in the Western State Hospital average daily population, permitting closure of an admissions unit, and reducing the size of two 40-person wards by 10 each. *Total = $5.7 million reduction ($5.4 million GF-S, $322,000 Other Funds)*
- **Eliminate Adult Ward at Eastern State Hospital**
  Closed one adult ward at Eastern State Hospital though a "Risk Pool" negotiated arrangement with the Eastern Washington Regional Support Networks. *Total = $2.8 million reduction, All GF-S*
- **Eastern Washington Risk Pool**
  The Eastern Washington Regional Support Networks received funding to care for patients moved from Eastern State (see previous item), resulting in a $1.3 million net savings to the State General Fund. *Total = $2.7 million ($1.5 million GF-S, $1.2 million Other Funds)*

Division of Developmental Disabilities

- **Community Services for RHC Transfers**
  New residential, employment, day program, medical, therapy, case management, and other services were funded for persons moving from Residential Habilitation Centers into community settings as a result of closing Interlake. *Total = $9.9 million ($4.7 million GF-S, $5.2 million Other Funds)*

Adult & Aging Services Administration

- **Assisted Living**
  Funded a broad range of community services to provide alternatives for 750 persons who would otherwise have required nursing home care. *Total = $20.0 million ($8.8 million GF-S, $11.2 million Other Funds)*
- **Assisted Living Expansion**
  Expanded the assisted living program to provide 600 additional units. *Total = $6.3 million ($2.9 million GF-S, $3.4 million Other Funds)*

1995-97 Biennium

Adult & Aging Services Administration

- **Increase Community Care Options**
  Provided funding for several community long-term care services, including new assisted living, adult carehome and in-home care options for 1,600 persons, increase payment rates for assisted living and congregate care, respite care, home delivery meals, case management, and others. *Total = $42.7 million ($10.2 million GF-S, $32.5 million Other Funds)*

1998 Supplemental

Division of Developmental Disabilities

- **Residential Habilitation Center Downsizing**
  Funded efforts to develop new community services for 41 individuals who moved from Residential Habilitation Centers during the 1995-97 Biennium. *Total = $1.2 million ($620,000 GF-S, $579,000 Other Funds)*

1999-01 Biennium

Mental Health Division

- **Community Protection**
  Funding was provided for 24-hour staffed residential settings for 48 individuals with histories of physically or sexually abusive behaviors or arson. *Total = $3.9 million ($1.9 million GF-S, $2.3 million Other Funds)*

FTEs Adjustments

EFFECT OF PROPOSAL

		Yearly Effect of Proposal			
	Base Level FTEs	1st FY	2nd FY	Biennial End	Net Change
Western State Hospital	1,963.4	(154.9)	(451.8)	1,511.6	(23%)
Eastern State Hospital	697.1	(17.4)	(46.3)	650.8	(7%)
TOTAL FTEs	**2,660.5**	**(172.3)**	**(498.1)**	**2,162.4**	**(19%)**